S No.

LEAGE OF BEATTI	STATE OF MARYLAND
County / Leny	CERTIFICATE OF DEATH
0 1 11	Registration Dist. No. 203
Village or City Roch Hull (No.	St.: Ward) (If death occurred In
2FULL NAME John & Bris	St: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIPORCED (Write the word)	16 DATE OF DEATH May 97, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Refered 2 1931, to may 2 1, 1921, that I last saw hamalive on May 2 (1971.
7 AGE If LESS than I day	and that death occurred on the date stated above, at 1200 m.
yrs. mos. ds. or min.? (a) Trade, profession or Branch Bulting	Dropsag Et of
particular kind of work 120.000 much 15000 cmg	Jal, Henr round
business, or establishment in which employed or (employer)	(Duration) yrs. mos. da.
9 BIRTHPLACE (State or country) England	Contributory Secondary (Durstion)
10 NAME OF PATHER Carries Briers	(Signed) AO, Selly M. D.
OF FATHER (State or country) England	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cathurine Startley	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Walter Briers	Former or usual residence
(Address) Rock Hall rud	Mesley Chafel Cer 2 new 2 1931
Filed 5/29 13/ B. Trew Derdined	BIR + ellows Still Fond
If more banks are needed, addre.s : taty Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

65025

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. To all mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, As examples: (o)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopaeumonia ("Pneumonia,"

> American Medical Association.) (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) affection need not be Chronic and consequences (e.g., sepsis, Example: Measles (disease valvular heart diseose; etc. The contributory " Haemorrhage, Mcasles ;

If this certificate is looked over thoroughly and a'l qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

1931

V. S. No.

8

HYSI-

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County / Cell	206-9 Registration Dist. No. 201
Village or City (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR-DIVORCED (Write the word)	Paritial attention of Dr. 7: Bollins and
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE [IfLESS than I day hrs.	17 I HEREBY CERTIFY that I attended the deceased from Do. 1. W. Wire figure 1.30 s.m. to 2.30 p.m., That I last saw he alive on the date stated above, at 3 m.m. The CAUSE OF DEATH * was as follows:
yrs	Les crustied shoulder and Thorage Limes ingures of her injuries rec'd, in to grade-crossing crush the control trains to the control to the co
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 State or country) 13 State or country) 14 State or country)	Contributory Secondary Cy Color Duration Duration Signed William Color M. D. (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME Aloud Waryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant) Rebba Johnson (Address) Stemedyrle Red Filed My 27, 1923/ McCause Registras	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UN DERTAKER BY Fellows ADDRESS Still Fond. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (relaborer, additional line is provided for the latter statement; it sary to tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, егс., engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerknow (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomolive engineer, 6

stinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic ccrebro ed term for the same disease. Examples: Cerebrospina Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condicough; Chronic affection need not be etc. valvular heart disease; Nomenclature The contributory Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. II this certificate is looked over thoroughly and all qu stions

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Nent	CERTIFICATE OF DEATH
4/	186a) 2 a 2.
10 + + 2	Megistration Dist. 110.
Village or City Onester form (No. M.	St.: Ward) (If death occurred in a hospital or institu-
	a hospital or institu-
2 FULL NAME & homas & Colem	ents stend of street and number.)
	W.I.V.J.O
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH
M 1 1/1 WIDOWED, MUNINEY.	102 / 192/
//Vale // nest (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sep 30" 1843	July 1929 to may 4, 1923/,
(Month) (Day) (Year)	that I last saw heralive on that 4 193/
7 AGE III LESS than	26
l day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
87 yrs. 7 mos. 3 ds. or min.?	A l
8 OCCUPATION	Man Whom I Till
(a) Trade, profession or particular kind of work	Jupan Jugo a fuce
(b) General nature of industry	upon// lup
business, or establishment in	(Duranon) most ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Millim Secondary
Nel-	(Duration) 2 yrs mos ds.
TO NAME OF FATHER GO I I I I	(Signed) Track W structt M.D.
ward a lements	m a si
OF FATHER	1/20 0 1981 (Address) Chesturom
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME O TER	Accidental, Suicidal or Homicidal.
of MOTHER Ousan & Daughter	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of desih?
70 1	Former or
(Informant) Maggit Clements	usual residence
Pole to the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Whater Found	Chester town May 5, 1931
15 may 1 31 not 2/2	20 UNDERTAKER ADDRESS
Filed 1920 Registrar	Chart & Wood of Valentet
	rower ~ . I vou w. renessorioun.
ir more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

may

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of the first line will be sufficient, e. g., Furmer or Planter, sary to know at the kind of work and also (b) the additional line is provided for the latter statement; it (b) Automobile factory. The material en at home, who are engaged in the duties of the Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Lacomoline engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an should I e used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, (b) Grocery; Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Farm laborer, Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a definite salary,, may be entered as Housewife, Houseor At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (repersons who have no occupation single word or term on Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compasitor, Architect, For many occupations a whatever, write None. For Civil engineer, Foreman, urs). Spinner, laborer,

Statement of Gause of Death—Name, first, the DIS-EASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dünhtheria avoid use of "Croup"); Typhoid fever never report "Typesid Pneumonia"); Lobor pneumonia, Browen seum ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease Always qualify all Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. taken. For VIOLENT DEATHS state MEANS OFINJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. The n .ture of the injury, as fracture of skull, and consequences (e. g., sepsis, unqualified, is indefinite;; Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid etc. The contributory affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc. 1, "Dropsy," accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage (Recommendations on statement of cause of State cause for which surgical operation was Carcinoma, Sarcoma, Nomenclature use of "Tumor" for malignant neoplasms); Whooping caugh; Chronic valeular heart "Marasmus," "Old Age," can be ascertained as the cause. by Committee on American Medical Association.) carbolic acid-probably suicide. (secondary or intercurrent) nephritis, inges, peritonaeum, etc., interstitial "Inanition, approved

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V. S. No. 1

PLACE OF DEATH County Kent	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 232
Village of City Chesterlawn (No	Mish aue. St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5
6 DATE OF BIRTH Occupt 35, 1861 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 5-/. 1936. to 5-/2-, 1936. that I last saw here alive on 5-/2, 1925.
7 AGE If LESS than 1 day hrs. or min.?	The CANSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. de. Contributory Marion yrs. mos. de. (Duration) yrs. mos. de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Land.	ients or Recent Residents) At place of death
(Informant) Mrs. Golgan Pyle. (Address) Challelande	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Chisterlassort Red. May 16, 1931.
Filed May 13 19831 DIVITALE LES Registrar If more branks are needed, address State Registrar	20 UNDERTAKER ADDRESS Chalceled X r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved hy U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know rnysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Doy (b) Automobile foctory. The materia (a) the kind of work and also (b) the (b) engineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")

approved, stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic deid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping taken. American Medical Association. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troin— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature cough; Chronic etc. volvular The contributory Always qualify all heart not be

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1	Ki W.	(1597)
x ast	PLACE OF DEATH	STATE OF MARYLAND
E W	County Least -	(9) CERTIFICATE OF DEATH
M) 7-8		Registration Dist. No. 202
F CORD ated EXACTLY openly classificate.	Village or City Dullor Iswe (No. 2FULL NAME Prarts Home	St.: Ward) St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
T Stated properly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Q est	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH MOJ 25 , 1981 (Month) (Day) (Year)
PER Shou	aug 22 - 1930	17 I HEREBY CERTIFY, That I attended the deceased from Rolling Colling Collin
IS IS ed. A section that	7 AGE O yrs. mos. ds. or min.	. The CAUSE OF DEATH * was as follows:
Sylvan to the total tota	a OCCUPATION (a) Trade, profession or proper	Participation
RESERVIC INK-	(b) General nature of industry	(Duration) yrs. mos. Afr. da
4 070	9 BIRTHPLACE (State or country)	Contributory Secondary
MARGIN UNFADI ould be co	10 NAME OF D	(Signed) Harry Land oak, Cary M. D.
TH SE O	II BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
matic matic	of MOTHER Ciddle Lugario	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
I Inform	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
T 055	14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
WRITE Every Item CIANS sho	(Address) Worlen Male	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BURIAL MAY 30, 184
B. E. S. J.	15 Filed May 30 1931 W.J. Hicks	20 UNDERTAKER ADDRESS Phystertowns
ż	If more blanks are needed, address State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealfirst line will be sufficient, e. g., Farmer or Planter Foreman, to know For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons (b) Automobile (a) the kind of work and also (b) the Laborerwho have no occupation factory. The material -Coal minc, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the present of Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynny fever (the only definite synonym is "Epidemic cerebrosynnal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; lclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, " "Heart failure," "Haemorrhage, approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Atrophy," "Collapse," "Coma, perilonacum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee Chronic "Senile," etc.), "Dropsy, on etc. valvular heart Nomenclature The contributory Always qualify all ," "Convulsions, not be discase

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1931

PLACE OF DEATH	05980 STATE OF MARYLAND
County Tent	CERTIFICATE OF DEATH
	Registration Dist. No. 200
Village or City Glorgetown (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OF PAGE 5 SINGLE	16 DATE OF DEATH 7
Male Muls MARRIED. Milowed OR DIVORCED (Write the word)	(Nonth) (Day) (Year)
G DATE OF BIRTH January 10, 1855	that I last saw have alive on May 2 nd , 1921.
76 yrs. 3 mos. 22 ds. If LESS that I day hr	and that death occurred on the date stated above, at 5,30 P.m. The CAUSE OF DEATH * was as follows: Mulianizing the translation with any au
(a) Trade, profession or Retired Harry	in belove, Tichenio.
(b) General nature of industry business, or establishment in which employed or (employer)	References Inta (Buigaion) 2 yrs. mos de
9 BIRTHPLACE (State or country) Chil lev., Jud.	Secondary Surface Marginet yes 3 mos ds.
ID NAME OF William Y. Kockensorl	(Signed) (Officeral Atent) M. D.
IN BIRTHPLACE OF FATHER (State or country) Selfaware	*State the I is ase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Elizabeth Griffith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Selaware	At place of deathmosds. In the Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h? Former or usual residence
(Address) Middletown Del	19 9 ROBERTON REMOVAL DATE OF BURIAL MAY 1, 193/
Filed May, 3 1921 Lester President	Tohu & Coffage Cecillon and
If more b.anks are needed, addre.s Ltate Kegisti	a, 16 W. Saratoga St. Balto. Requesting V. S. No. 1.

1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more processed mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (retion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken household only Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman. specifically the occupations of persons enwho are engaged in the duties of the (6) Stationary fireman, etc. But in many For persons who have no occupation (not paid Housekeepers who receive a Automobile factory. The material Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stited unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. diseases "Uraemia," "Weakness, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on Chronic and consequences (e. g., scpsis, " etc., when a definite disease Example: Measles (disease etc. affection need valvular heart Nomenclature of the The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V4

N. B.

	PLACE OF DEATH	5981 STATE OF MARYLAND
1	County New	CERTIFICATE OF DEATH
	5 P 151 P	Registration Dist. No. 20,3
	Village or City World No. 400	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME (MIN ()	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARBID, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH // 13 , 193/ (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	March. 10, 1851	april 22 198/. to May , 193/.
ľ	(Month) (Day) (Year)	that I last saw harmalive on 1854 1921,
	7 AGE [If LESS than	and that death occurred on the date stated above, atm,
	80 yrs. 1 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
1	B OCCUPATION	New News Dies and
Y	(a) Trade, profession or particular kind of work	Septem Jum Jugen
1	(b) General nature of industry	
A	business, or establishment in which employed or (employer)	(Duration) yra mos / L da.
		Contributory asterna Schools
	9 BIRTHPLACE (State or country) Delaware	Secondary (Durstion) # # # # # # # # # # # # # # # # # # #
•	10 NAME OF FATHER	(Signed saus Cell freuett. D.
	II BIRTHPLACE	192 (Address) Wellettellow
	State of country) / clawree	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER (State or Country) A Welawaee	At place of deathyrsds. In the Stateyrsds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY NOW EDGE	Where was diaease contracted, if not at place of death?
	Her Man	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) - Olach Gold	lanting relle Md May 16, 1931
	Filed 5/14 181 B. Lun Midung Registra	lowas L. Woold lohestertown 31
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age, "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-," "Marasmus," "Old Age," "Shock," cough; Chronic valvular heart etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDA

PLACE OF DEATH	05982 STATE OF MARYLAND
County 12001	CERTIFICATE OF DEATH
and the	Registration Dist. No. 20/
Village or City Still ored (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Energean / M	ches www stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 15 1923 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 1921 to May 1 5 , 1923. 7. that I last saw had alive on May 5 , 1925k.,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at // Am. The CAUSE OF DEATH * was as follows: Mal Rentestation
8 OCCUPATION (a) Trade, profession or particular kind of work	Gastro-enterities CWGR
(b) General nature of industry	4
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duretion) (Duretion) (Duretion)
10 NAME OF Luke mekerson	(Signed) Jas W. Urie M. D. M. D. May 16 1936 (Address) Kinnedy welle
OF FATHER (State or country) Couply	AState the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Christine Clough	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Mrs Luke hickerse	Former or usual residence
(Address) Still fond had	Still fond and Duay 16,31
Filed Mg/6 1923/ Holark Registrar	BR + ellow Still fond
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, without more precise specification as Day Cotton mill; (a) Salesman. For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, ctc. Wom-(b)

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Chronic valvular heart disease;

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V. S No. 1

N.B

1		115983		
	PLACE OF DEATH	0000	STATE OF MARYLAN	ID
	County Lend	92	CERTIFICATE OF DEA	TH
	0 80 007 1	66	Registration Dist. No. 20	9
	Village or City WERMALL (No. 2)	il ni Ro	St.: Ward) (If death of n hospital of tion, give its stead of s number.)	NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA		
	3 SEX 4 COLOR OR RACE 5 SINGLE.		L CERTIFICATE OF DEATH	
	2 M. MARRIED WIDOWED OR DIVORCED COR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day)	193
2	6 DATE OF BIRTH	17 I HEREBY	CERTIFY, That I attended the dece	
	may 17 1851	Chair 20	193/ . to May 1	1
	(Month) (Day) (Year)	that I last saw h	Alive on Office 30	., 1921
	7 AGE If LESS than		d on the date stated above, at	A_m
	9 yrs. // mos. /4 ds. or min.?	The CAUSE OF DEATH	I * was as follows:	
10	8 OCCUPATION .	Lei	wal debelety	天工
300	(a) I rade, profession or farming a particular kind of work	· ····································	- 1 (6- 197	1.10.
	(b) General nature of industry business, or establishment in		the way we	- vac
	which employed or (employer)	40000404000000000000000000000000000000	(Duration)yrernos	ds.
	9 BIRTHPLACE (State or country) Manual Manua	Contributory Secondary	(Duration) yrs. A mo	C/ de.
	10 NAME OF FATHER	(Signed)	Olm Stell	MD
	II BIRTHPLACED	21 4 4 4	(Address)	11 100
	OF FATHER Z (State or country)		ase Causing Death or, in death e (1) Means of Injury and (2)	s frem Whether
	of MOTHER Scrah & Bayl		DENCE (For Hospitals, Institutio	ns, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmo		nosds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra	ccec,	
	Car Sania Masser	Former or usual residence		pg 8 8 80 %-0-0-0-4-0 0-0-0-70-8-95
	(Moformant) unite marient,	19 PLACE OF BURIAL	OR REMOVAL DATE OF E	JURIAL
	(Addreas) sull Jona ma.	mesley (haple may	3. 193/
	Filed May 3 198) B. Tress Durdens	3 R Te	Clour Still !	and
	If more hanks are needed address that a Magistras	18 W. Saratova St., B.	Ito., Requesting V. S. I.o. 1.	20

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engincer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," st_ted unless important .Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; or intercurrent) Chronic affection need etc. valvular heart disease; Nomenclature The contributory " Shock," Measles ; not be

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PLACE OF DEATH	05984 STATE OF MARYLAND
County./llw/	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Clary (No	St.: Ward) (If death occurre a hospitul or institution, give its NAM) stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED. (Write the word)	16 DATE OF DEATH May 23 152 (Month) (Day) (Yea)
6 DATE OF BIRTH Mach 3, 1858 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased in 1991. to 1991. that I last saw have alive on 1991.
7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work lettings June (b) General nature of industry	Sarcona of splain.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Vis. mos
10 NAME OF FATHER Mesley Slevens 11 BIRTHPLAGE OF FATHER	(Signed)
Z (State or country) 12 MAIDEN NAME OF MOTHER CENTRAL DOWNER 4 DOWNER 12 MAIDEN NAME OF MOTHER CENTRAL DOWNER 12 MAIDEN NAME OF MOTHER CENTRAL DOWNER 13 MAIDEN NAME OF MOTHER CENTRAL DOWNER 14 MAIDEN NAME OF MOTHER CENTRAL DOWNER 15 MAIDEN NAME OF MOTHER CENTRAL DOWNER 16 MAIDEN NAME OF MOTHER CENTRAL DOWNER 17 MAIDEN NAME OF MOTHER CENTRAL DOWNER 18 MA	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsmosds. Stateyrsmosii not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) Conny W. Stevens	Former or usual residence

05984

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day But in many Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Transition," "Heart failure, Haemorhage, "Transition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary or intercurrent) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease; affection need not be

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S. No. 1

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should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmar was bired 6 yrs). For persons who have no occupation Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the not gainfully em-(6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinals; fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature temus) may be stated under the head of "contributory." inges, peritonacum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Mcosles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need valvulor heart The contributory Always qualify all discose; not be

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WRITE PL. LY VITH UNFADING INKTHIS IS A PERMANENT ECOR	BEvery item of information should be carefully supplied ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
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1PLACE OF DEATH	05986	STATE OF M	
County / Cent	(3)	CERTIFICATE	>
2 0		Registration D	Dist. No. 200
Village or City Kler Taleun (No		St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)	16 DATE OF DEATH	May	26 , 193/ _(Day)(Year)
6 DATE OF BIRTH	17 I HEREBY		ended the deceased from
May 26, 193/	that I last saw h) , 192 ,
July Brown ds. or min.	The CAUSE OF DEA	TH * was as follows:	phove, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	
9 BIRTHPLACE (State or country) Mul.	Contributory Secondary	(Durston)	Dyrs. mos. da
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER OF FATHER OF STATE OF	(Signed)	(Address)	or, in deaths from njury and (2) whether
of MOTHER Marian Jacob		ESIDENCE (For Hospi	tals, Institutions, Trans-
13 EIRTHPLACE OF MOTHER (State or country)	At place of death yrs	mosds. In the	teyrsds.
(Informant) Marian Carlow, (Address) Galgua Ma.	if not at place of der Former or usual residence		DATE OF BURIAL
Filed May 26 1921 June Registral	23 UNDERTAKER	low multipuller	Jalen MM

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state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken tired 6 or given up on account of the DISEASE CAUSING DEATH. Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As example :: additional line is provided for the latter statement it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very im origin, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None business, that fact may be indicated thus; Farmer (re-Housemaid, etc. behalite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Territor or Planter, Physician, at home, report specifically the occupations of persons ento applies to each and every person, irrespective of engine ci. For many occupations a single word or term on yrs). Furm laborer, 17 without more precise specification as Day Con .oxilor, Home, and children, not gainfully emwho are engaged in the dutics of the For persons who have no occupation N. Covery firemen, et . If the occupation has been changed the lind of work and Laborer-Coal mine, etc. Archifeel, Locomolive But in many The quesengineer,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
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"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences e.g., serses, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage "PUERPERAL septicuemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify tions, such as "Astaenia," "Anaemia" (mercly symptomcausing death), 23 ds., Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ol American Medical Association. approved carbolic acid-probably smaile. The nature of their jury, accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railwry trainor as probably such, if impossible to determine def: itely and qualify as ACCIDENTAL, SUICIDAL, or HO : ICI taken. For VIOLENT DEATHS state MEANS OF INJU-Y State cause for which surgical operation was under-Whooping cough, Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse." "Coma," "Convulsions, unless important. Never report mere symptoms or terminal condiby Committee on Nomenclature Example: Measles (Ciseuse valvular heart affection need etc. The contributory not Meastes, disease;

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ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal taken. For violent drates state means of injury State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemla," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-(merely (second-

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